

**Commonwealth of Massachusetts
Sex Offender Registry Board**

Sex Offender Treatment Status Report

This form is to be completed by the licensed clinician who is currently providing, or has provided, sex offender specific treatment to the client named below. This form must be submitted with a cover letter signed by the treatment provider on his or her letterhead. Please attach any additional information that you believe is important.

Client Name:

Therapist's Name, Degree, and License Number:

Date Client Entered Treatment:

STRUCTURE OF TREATMENT

Modality of Treatment (list only those modalities that are sex offender specific):

Recommended Frequency of Each Modality (e.g., 2 times per week group, 3 times per week individual/family, etc.):

Recommended Duration of Treatment for Each Modality:

Dates of Missed Appointments in Each Modality of Treatment:

Date Treatment Terminated, if Applicable, and Reasons for Termination:

PARTICIPATION IN TREATMENT

Please circle your response for each item

1) Is generally an active participant who offers personal information.	Yes	Somewhat	No	Don't Know	N/A
2) Is rarely defensive or evasive when asked to participate.	Yes	Somewhat	No	Don't Know	N/A
3) Rarely minimizes/distorts his behavior in relation to his sexual offenses.	Yes	Somewhat	No	Don't Know	N/A
4) Can fully describe all four phases of deviant cycle.	Yes	Somewhat	No	Don't Know	N/A
5) Can identify triggers for sexually deviant thoughts and behaviors.	Yes	Somewhat	No	Don't Know	N/A
6) Can identify thinking errors regarding sexual behaviors.	Yes	Somewhat	No	Don't Know	N/A
7) Can identify high-risk behaviors that are related to sexual offending.	Yes	Somewhat	No	Don't Know	N/A
8) Demonstrates ability to control deviant arousal via behavioral techniques.	Yes	Somewhat	No	Don't Know	N/A
9) Has a specific, realistic, and detailed written relapse prevention plan.	Yes	Somewhat	No	Don't Know	N/A
10) Is actively working his relapse prevention plan.	Yes	Somewhat	No	Don't Know	N/A
11) Has demonstrated a capacity for victim empathy.	Yes	Somewhat	No	Don't Know	N/A
12) Displays appropriate sexual attitudes towards adults and children.	Yes	Somewhat	No	Don't Know	N/A
13) Describes both positive and negative aspects of his support systems.	Yes	Somewhat	No	Don't Know	N/A
14) Has engaged in sexual misconduct while in treatment.	Yes	Somewhat	No	Don't Know	N/A
15) Has established a stable living situation and work environment.	Yes	Somewhat	No	Don't Know	N/A

Please return to: **Sex Offender Registry Board, PO Box 4547, Salem, MA 01970**

Signature of Treatment Provider

Date